

SAMPLE BUDGET NARRATIVE

Include a line-item budget narrative explaining the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details form, including details on both the federal request and non-federal resources. The budget narrative is for one year, based on the FY 2017 budget period (August 1, 2017 through July 31, 2018). Upload the budget narrative in the Budget Narrative field section in EHB.

Budget Justification	FY 2017 Budget Period August 1, 2017 – July 31, 2018		
	Federal		Non-Federal
	Federal Program Costs	Federal Grant Administrative Costs (10% Cap for NHHCS Only)	Non-Federal Matching Funds
REVENUE – <i>Should be consistent with information presented in Section B of the Budget Information: Budget Details Form.</i>			
NHHCIA Grant Amount			
Program Income (fees, third party reimbursements, and payments generated from the projected delivery of services)			
State Funds			
Local Funds			
Other Federal Funding (break out by source — e.g., HUD, CDC)			
OTHER SUPPORT			
NON-FEDERAL MATCHING FUNDS (NHHCS only)			
TOTAL REVENUE			
EXPENSES: <i>Object class totals should be consistent with those presented in Section B – Budget Categories of the Budget Information: Budget Details Form.</i>			
PERSONNEL – <i>Include budget details for each staff position as seen in the Personnel Justification sample below.</i>			
ADMINISTRATION			
MEDICAL STAFF			
DENTAL STAFF			
BEHAVIORAL HEALTH STAFF (i.e., Mental Health and Substance Abuse)			
ENABLING STAFF			
OTHER STAFF			
TOTAL PERSONNEL			
FRINGE BENEFITS			
FICA @ X.XX%			

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Medical @ X%			
Retirement @ X%			
Dental @ X%			
Unemployment & Workers Compensation @ X%			
Disability @ X%			
TOTAL FRINGE @ X%			
TRAVEL			
Provider Training: 2 trainings in QI/QA @ \$X per person x 2 FTEs 5 hotel nights @ \$X per night x 2 FTEs x 2 trainings			
Outreach (X,XXX miles @ \$0.XX per mile)			
TOTAL TRAVEL			
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.			
Ultrasound machine			
3 dental chairs @ \$X,XXX each			
TOTAL EQUIPMENT			
SUPPLIES			
4 laptop computers @ \$X each			
Office Supplies (\$X per month x 12 months)			
Printing Costs (\$X.XX per brochure x 4 brochures x X,000 copies)			
TOTAL SUPPLIES			
CONTRACTUAL – Include sufficient detail to justify costs.			
Pharmacy Services (\$X per contract)			
Laboratory Services (\$X per sample x X,XXX samples)			
Housekeeping Services (\$X per month x 12 months)			
Waste Removal (\$X per month x 12 months)			

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TOTAL CONTRACTUAL			
OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.			
EHR provider licenses \$X each x XX providers			
Staff Recruitment – newspaper and Internet posting			
Audit Services with HIJ Firm			
Membership Dues (specify membership organization and cost per each)			
Property Insurance			
Repairs and Maintenance - not covered by warranty (\$X per month x 12 months)			
Rent (\$X per month x 12 months)			
TOTAL OTHER			
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)			
INDIRECT CHARGES – Include approved indirect cost rate.			
X% indirect cost rate (includes utilities and accounting services)			
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)			

Personnel Object Class Category Justification

See the table below for an example of the information required for staff positions supported in whole or in part by the NHHCIA grant funds.

Personnel Justification Sample

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
J. Smith	Physician	50	\$225,000	\$ 187,000	\$93,500
R. Doe	Nurse Practitioner	100	\$75,950	no adjustment needed	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	no adjustment needed	\$8,250